

Interstitial Monitor Double Wall Tank 90-Day Summary**(Automatic Tank Gauge Present)****FOR KDHE USE ONLY:****Please make copies of this completed form for your records.**

Submit to: **Kansas Department of Health and Environment
Bureau of Environmental Remediation -
Storage Tank Section
1000 SW Jackson, Suite 410
Topeka KS 66612-1367**

Monthly Monitoring	_____yes_____no
Inventory Control	_____yes_____no
Leak Check	_____yes_____no
Water Check	_____yes_____no
Date	_____

Signed _____

*Please Print Clearly or Type***I. Facility Information**

A. Facility Name: _____

B. Facility Address: _____
(street) (city) (state) (zip)

C. Contact Person: _____ Phone: (____) ____ - _____

II. Owner Information

A. Owner Name: _____

B. Owner Address: _____
(street) (city) (state) (zip)

C. Contact Person: _____ Phone: (____) ____ - _____

III. Automatic Tank Gauge/Interstitial Monitor Information

A. Model/Manufacturer: _____

IV. Line Release Detection (check the one item that applies to the product line from Tank no. _____).

A. Safe Suction Product Lines _____ (no release detection required).

B. Tightness Testing _____ (Yearly for pressurized lines, every 3 years for conventional suction lines).

C. Automatic Line Monitor _____ (Monthly). Model/Manufacturer _____

D. Line Interstitial Monitor _____ (Monthly). Model/Manufacturer _____

E. Other, please explain _____.

V. Substance Stored (check one): " diesel " kerosene " gasoline (including alcohol) " used oil " other
If other, list contents of tank _____.

VI. Inventory Control. Please send copies of your Inventory Control Records for 30 days to KDHE after the first month of operation.

VII. Tank/Line System Tested (complete for each tank and line) Give total capacity of tank _____.

KDHE tank no. [one sheet per UST]	Month:	Month:	Month:	(1) Send copies of your Inventory Control Records for 30 days to KDHE after the first month of operation. (2) Send 90-Day Summary Sheets to KDHE after the first 90 days of operation.
	Yr:	Yr:	Yr:	
Tank Monitor Result	Pass Fail	Pass Fail	Pass Fail	
Outer Wall Breached Inner Wall Breached	Yes___No___ Yes___No___	Yes___No___ Yes___No___	Yes___No___ Yes___No___	
Line Result	Pass Fail	Pass Fail	Pass Fail	

VIII. Please contact KDHE within 24 hours if your tank system has failed. Also, contact KDHE if you have two or more "Failed" automatic tank gauge leak tests a month. Please direct questions regarding tank tests to KDHE, Storage Tank Section, 785-296-8061.